

Revision Request

Project Title:		Stimulus (ARRA) Funds? Yes__ No __			
Customer Contact Information					
Agency/Institution: Address:		Contact Person: Phone: Fax: Email Address:			
SAAS Codes (only required from state agencies) Provider Code: Agency Code:		Division/Dept: Handmail: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Project History and Accounting					
CP-1 Number to be Revised: Total Amount Authorized on CP-1 to be Revised:		Reason(s) Revision Required: <input type="checkbox"/> Increase Dollar Amount <input type="checkbox"/> Extend Expiration Date <input type="checkbox"/> Change Vendor Information <input type="checkbox"/> Increase Scope <input type="checkbox"/> Other			
Project Accounting:					
Expenditures to Date: Provide invoice details for at least the previous 12 months. Payments older than 12 months may be summarized by Fiscal Year					
Payment History					
<i>Invoice Number</i>	<i>Invoice Date</i>	<i>Description</i>	<i>Invoice Amount</i>	<i>Payment Date</i>	<i>Payment Amount</i>
CP-1 Remaining Balance:					
Dollar Amount: Original Amount Approved: Current Balance: Amount of Increase: New Balance:			Expiration Date: Original: New:		
Vendor Information					
Vendor Name Original: New:			Vendor Address Original: New:		
Project Scope					
If the revision is due to a change in the original scope of the approved project, please describe the changes. (addition of equipment, products or services)					
Other					
Specify the other conditions that require this revision.					

There is a charge for ITS procurement services associated with this request which will be billed to the requestor by ITS. By my signature I acknowledge that my agency/institution is responsible for these charges/costs.

Name (Agency Head or Institution CIO)/ Title

Signature

Date